

U.S. Department of Justice  
United States Marshals Service

**PROCESS RECEIPT AND RETURN**

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF	JOHNATHAN JOHNSON	COURT CASE NUMBER	07-CV-06077
DEFENDANT	NURSE MILES	TYPE OF PROCESS	Civil Rights
<b>SERVE</b> ➔  <b>AT</b>	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	MILES (Elmira Correctional Facility)		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	P.O. Box 500 Elmira New York 14902		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:			
JOHNATHAN JOHNSON 189A1042		Number of process to be served with this Form - 285	✓
Upstate Correctional Facility		Number of parties to be served in this case	
P.O. Box 2001		Check for service on U.S.A.	✓
Malone, N.Y. 12953			

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>[Signature]</i>			9/13/07

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 55	District to Serve No. 55	Signature of Authorized USMS Deputy or Clerk <i>[Signature]</i>	Date 10/2/07
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service
	Time
	11/1/07 11:39 am
	Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Mailed 10/2/07  
Received 11/1/07



68 Court Street Buffalo, NY 14202 ATTN: Civil Desk

**STATEMENT OF SERVICE BY MAIL AND ACKNOWLEDGMENT  
OF RECEIPT BY MAIL OF SUMMONS AND COMPLAINT**

**A. STATEMENT OF SERVICE BY MAIL**

Nurse Miles  
TO: P.O. Box 500  
Elmira, NY 14902

United States District Court  
Western District of New York

Date: 10/21/07

Civil File Number: 07-CV-6077

John Johnson

v.

Nurse Miles

The enclosed summons and complaint are served pursuant to Fed. R. Civ. P. 4(e)(1) and section 312-a of the New York Civil Practice Law and Rules.

To avoid being charged with the expense of service upon you, you must sign, date and complete the acknowledgment part of this form and mail or deliver one copy of the completed form to the sender within thirty (30) days from the date you receive it. You should keep a copy for your records or your attorney. If you wish to consult an attorney, you should do so as soon as possible before the thirty (30) days expire.

If you do not complete and return the form to the sender within thirty (30) days, you (or the party on whose behalf you are being served) will be required to pay expenses incurred in serving the summons and complaint in any other manner permitted by law, and the cost of such service as permitted by law will be entered as a judgment against you.

The return of this statement and acknowledgment does not relieve you of the necessity to answer the complaint. The time to answer expires twenty (20) days after the day you mail or deliver this form to the sender. If you wish to consult with an attorney, you should do so as soon as possible before the twenty (20) days expire.

If you are served on behalf of a corporation, unincorporated association, partnership or other entity, you must indicate under your signature your relationship to the entity. If you are served on behalf of another person and you are authorized to receive process, you must indicate under your signature your authority.

It is a crime to forge a signature or to make a false entry on this statement or on the acknowledgment.

**B. ACKNOWLEDGMENT OF RECEIPT OF SUMMONS AND COMPLAINT**

I received a summons and complaint. PLEASE CHECK ONE OF THE FOLLOWING;

IF 2 IS CHECKED, COMPLETE AS INDICATED:

1. ☒ I am not in military service.

2. ☐ I am in military service, and my rank, serial number and branch of service are as follows:

Rank: \_\_\_\_\_

Serial Number: \_\_\_\_\_

Branch of Service: \_\_\_\_\_

TO BE COMPLETED REGARDLESS OF MILITARY STATUS:

Date: 10-24-07

(Date this acknowledgment is executed)

I affirm the above as true under penalty of perjury.

Signature

Print Name

DOLS

Name of Defendant for which acting

RN

Position with Defendant for which acting  
(i.e., officer, attorney, etc.)

PLEASE COMPLETE ALL BLANKS INCLUDING DATES.